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The AMERICAN DENTAL JOURNAL

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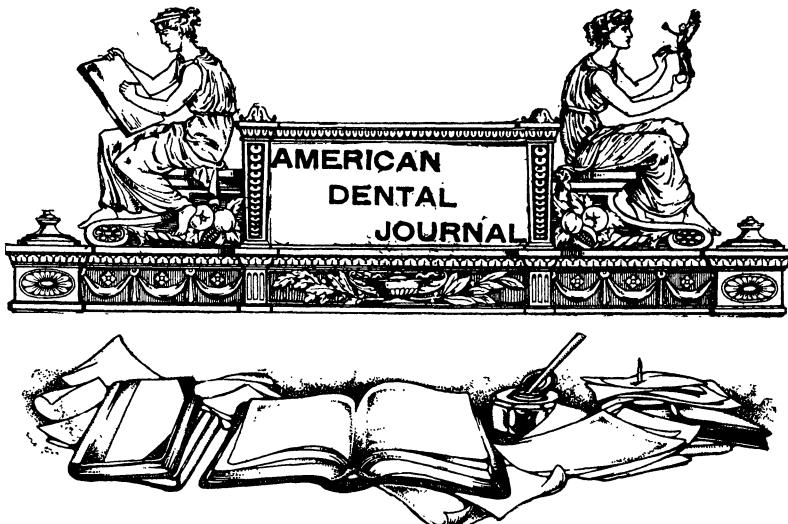
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EDITOR ** PUBLISHER ** PROPRIETOR

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MARCH
APRIL 15th

Editorial and Comment

1915

SOMETHING TO THINK ABOUT

Are you willing to experiment? Few practitioners are anxious to change a method which is giving results for one which may bring success. We naturally cling to what, by experience we have found is serviceable. It is well that we do not accept too freely all the new and latest without seriously contemplating how it will actually work out in practice. Besides many demonstrations on models do not "pan out" quite so splendidly when tried on the living fabric in the mouth, and while there is danger in accepting too quickly the new things, there is a like danger or fault if we tarry too long and linger in adopting the method. Hence, it is for you to judge just how long to wait before appropriating the idea. Still we might suggest that you hesitate until you have carefully studied its application and, finding that it will be of better service to your patients than the system or method

you now employ, gradually incorporate it into your practice, even if it does make you work harder; or even if it exacts from you more care or even if it induces you to study later and even if it requires the outlay of some of the money you have saved up for a rainy day. You are practicing for humanity, not for yourself. The welfare of your patrons should be your constant effort. And as you serve them, in like ratio are you practicing dentistry.

Like in everyday life we are controlled by progress about us and we should adapt ourselves to the things which conserve the dental organization of our patients.

Now permit me to bring to your attention a theme which has just come to the attention of the medical profession, and which at this writing is being clinically observed in the war hospitals and field tents of the battling nations of Europe.

If these soldiers are giving up their lives for governments, they are also giving up their lives in the interest of the arts and sciences, and in this double service, they merit our highest reverence and respect.

Well the theory of keeping wounds and debilitated part and inflammatory conditions dry and free from moisture is attracting wonderful attention. The results as here outlined could in many ways be tried in dental cases and with proper adaptation and systematic application might yield a world of good. Are you willing to learn and are you willing to think? These are the primal factors in your real not supposed dental service.

A new device for treating wounds or diseased surfaces with pure, dry air, generally applied in the form of a "spray," has recently been invented and used with success in Germany. The value of dry air in the treatment of surgical cases, as well as in affections such as catarrh of the mucous membrane, certain skin diseases, and dentistry, is well recognized, and is due to the fact that few bacteria can live without moisture. Its application in practice, however, has been hitherto attended with difficulties, the apparatus in use being more or less imperfect. The new device mentioned above is the invention of Prof. R. Kutner, head of the "Empress Frederick House" of Berlin. It is described in **Prometheus** as consisting essentially of a bellows driven by an electric motor, a row of drying-bottles, and a tube fitted with changeable nozzles for delivering the dried and purified air-current to various parts of the body, as local conditions demand. We read more details as follows:

"The stream of air drawn in by the powerful bellows passes through a tube into a battery of drying-flasks. The first contains refined kerosine for the purification of the air, the second and third hold pumice-stone, which has been sterilized by heat and saturated with sulfuric acid, and the fourth and fifth hold unslaked lime or caustic soda. The place provided for a sixth

flask furnishes the possiblty of imparting a definite therapeutic effect to the dried air by special medicaments.

"By means of a lever controlling a switch, the dried air is directed at will either into a refrigerating-vessel, . . . or into a tin cylinder in which the air can be heated by electricity to any required degree.

"The quantity of air is regulated by a third lever controlling a valve, through which the superfluous air finds exit. The temperature is read from a thermometer. At the exit of the tin cylinder is a tube ending in an attachment to which special devices can be fastened and changed at will.

"For skin treatment and wounds a nozzle delivering a spray or douche of air is employed, while inhalations through mouth or nose are managed by masks or contrivances of glass. For treating the mucous membrane of special organs, such as the nose, ear, or cavities of the teeth, tube-shaped devices variously adapted to specific requirements are used.

"Dr. Kutner finds the best results are obtained from the spray or douche of dry air."

The Literary Digest in speaking of this great discovery says:

"Since caustic soda deliquesces in the presence of moisture, it can be used as a measure of dryness, while the quantity delivered is easily controlled by regulation of the bellows and the electric motor. Owing to the rapid evaporation produced by the current, the patient feels even comparatively high temperatures (50 degrees Centigrade or more) as cooling. It is obvious that much more rapid curative effects are obtainable by such an application of large volumes of dry air of any temperature required than could be gained by such quantities as the patient would be capable of breathing. The apparatus is not suitable for self treatment. It needs to be most carefully manipulated by a trained physician since in many cases a complete dryness is undesirable, especially in the deeper tissues of the body, where a relative amount of moisture is necessary to health. "Complete drying in such instances," we are told, "would resemble mummification." The temperature, also, must be determined by an expert. For the treatment of the outer surface of the body different temperatures are required from those used with the mucous membranes and interior cavities. It is frequently advisable, also, to combine the antibacterial effect of the drying action with the similar effect produced by low temperatures.

"Thus far this treatment is said to have given much satisfaction. Not only have secretions been diminished, but complete cures have been effected in many cases, while as yet no deleterious consequences have been observed."

Well here is the basis for a new method in varied dental disturbances, are we wise enough, eager enough and industrious enough to attempt to make the physiological discovery of service to humanity, as it relates to oral and dental hygiene?

COMMENTS

The question arises, what shall be done with the diploma of a practitioner when he dies? Shall it be destroyed or shall it be sent to the state, county, and placed in vault? As it now stands there are innumerable irregularities in this matter, and widows even sell the dental and medical diplomas of the dead husband. And if the name is one of the common kind, as Brown Smith, Nelson or Johnson, the sale is easily arranged. Though if the name be unordinary as Pfannenbecker or Skedinks, the fakir has the name erased and his own, Dr. I. Neverhurt is substituted. Read what the New York courts will try in March:

United States versus I. Grillo Filippi

Arrested on warrant issued by United States Commissioner on the nineteenth day of January, 1916. Arranged on the twentieth before United States Commissioner. Hearing set for January 27, 1916, at 2 p. m. He could not furnish the \$4,000 bail. Date of hearing changed to January 25, 1916, on this date the hearing was adjourned again until January 27th. Indicted by the Federal Grand Jury on January 25, 1916. Two (2) indictments. Arranged on the 26th day of January, 1916, before United States Judge Clayton, pleaded guilty to the indictments, and was sentenced to three (3) months in the New York County Penitentiary. This man had in his possession a counterfeited New York College of Dentistry Diploma, and license of the University of the State of New York belonging to Dr. King. The record shows that Dr. King died in the Jamaica Hospital in the year of 1914. And this man did in the month of March, 1915, forge the dead man's name to obtain a narcotic license in the Internal Revenue office. And did have in his possession quantities of cocaine.

Every firm advertising in this Journal is reliable. These special inducements as offered on this page should invite you to write, when doing business with these firms, that you saw the offer in the American Dental Journal.

For a number of years we have made a specialty of re-cutting burs, while the price has been reduced the quality of work has been improved, the temper of burs is not changed as recutting of burs is done under moisture, no acids used, nothing but skilled labor and improved machinery.

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burs that are being sold. Burs are the same as any tool made of steel, they are bound to get dull, that does not signify they are worn out.

Send us a trial lot, we will pick out the good one and will not attempt to re-cut a bur that is beyond repair.

When burs are re-cut will send them back to you, put up in packages like new burs, not later than three days after received. Every bur is recut, stoned and polished.

Twenty cents dozen; \$2.30 per gross.

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The Reliance Dental Supply Company have just written your editor these lines: "We will recut one dozen burs for any subscriber of the American Dental Journal, free of charge, just to show them the kind of work we do."

Well, here sure is a liberal chance for our readers, and do not forget to tell them that you are a subscriber.

Another step forward! The profession is making educational progress.

First university dental school in New York for Columbia. The dental course to be allied with college of physicians and surgeons.

Realizing the importance of the teeth and mouth infections to systemic disease, the Faculty of the College of Physicians and Surgeons have unanimously voted in favor of the establishment of a dental department, to be connected with the medical school. A committee of prominent dentists of the city have presented plans to the Medical Faculty, which have been approved.

The school of dentistry will be closely associated with the medical school and the admission requirements will be the same as the medical. The course will be four years, the first two years the same as those in medicine, thus giving the dental student a thorough knowledge of the fundamental sciences necessary to the practice of a specialty of medicine. At the end of the second year the dental student will give all his time to the study of dental subjects, namely, operative dentistry, prosthetic dentistry, oral surgery and oral pathology, orthodontia, etc., and the more technical part of the work required for the well trained dental surgeon. This new school will be the first university dental school in New York City, and the second in the state. It will give the first four year course of dentistry ever given in the Empire state. This Journal extends congratulations, and wishes the departure every success possible.

DENTAL PIONEERS AMONG US

By Dr. B. J. Cigrand

Old timers should always interest us, and they deserve our highest regard, for if they had not built the foundation of our profession, we would not occupy the position we now do. If you are of the opinion that the practice of dentistry means short life to the practitioners, let me remind you of a few of the lads of the days gone by, who are still among us practicing as of old. Dr. L. P. Haskell, venerable gentleman, sturdy, active and a laugh as hearty as a boy of teens. He was born in Maine in 1826, ninety years ago, and daily at his office. When I saw him last week he was as eager to enter into a discussion as a young lawyer, and insisted I stay and hear his criticism of the G. system of articulation. He began practicing in 1845, and he has the reputation of being the oldest typesetter in Chicago. He "stuck" type on the Youth's Companion away back in 1843, years before my reader was born.

Then there is Dr. Horton, who is eighty-nine years old. He has practiced dentistry for more than fifty years and was pulling and filling teeth when a string and a doorknob sufficed to remove the grumbling molar.

"It's wonderful the way the profession has advanced," said the old doctor. "It seems but a short time back when I used to jab a hooked arrangement into the gum of a patient and actually pry the tooth out while the poor unfortunate in the chair wriggled and squirmed with pain."

In spite of his eighty-nine years, Dr. Horton is at his office in the Osborn building, Cleveland, Ohio., almost every day and declares that he will practice for many years yet.

"I've seen many wonders worked in the advancement of the tooth-treating art," he said, "and I am going to see many more before I give up the work."

Dr. Horton has been responsible for many of the forward steps, having invented a number of contrivances and methods.

To some of the instruments in the doctor's collection there attaches a touch of romance. He has one instrument over 400 years old made shortly after America was discovered, and another with which the teeth of James Fenimore Cooper, Indian story writer, were pulled.

Dr. Horton was born in Rutland, Vt., and began the practice of dentistry in Milwaukee, when he was twenty-three. In 1865 he was graduated from Ohio State Dental College and came to Cleveland.

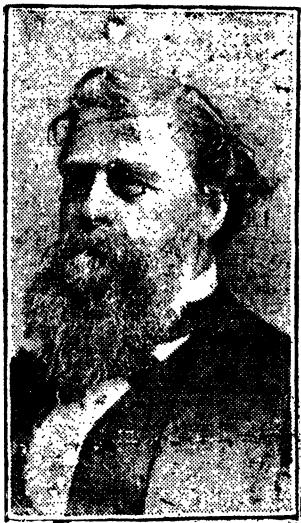
Dr. W. P. Horton, Jr., one of the sons of the pioneer, is also a dentist.

Dr. John B. Coolidge of Boston, born in 1820, presents an interesting career, and is a pioneer among the Massachusetts dentists.

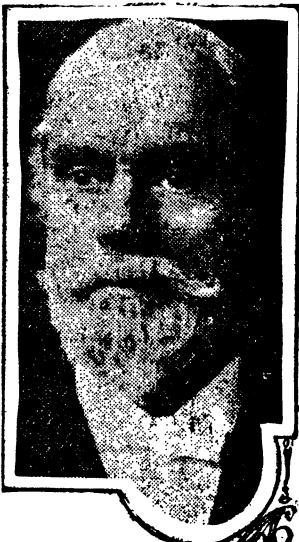
He has done much to bring the profession up to the high standard of perfection it now enjoys throughout the world. More than fifty years ago Dr.

Coolidge advanced not only theories, but practices which revolutionized the manner of preserving decayed teeth, including the filling of roots and canals with gold, silver or cement—a practice never attempted until he had successfully introduced it.

On August 24, 1820, John B. Coolidge was born in Natick. He moved to Maine, where his parents bought a large farm in the backwoods. His schooling was acquired similar to the manner in which the late Vice-President, Henry Wilson, also of Natick, received his early training—attending short winter sessions and borrowing every book which could be loaned in the



DR. W. R. HORTON



DR. JOHN B. COOLIDGE

neighborhood. When fourteen years old he had saved \$30, and he announced his intention of going to Natick to learn the shoe trade. Three nights a week, after working at the shoe bench all day, he attended school in West Natick.

He opened a writing school in Worcester county and later taught school. From the time he was a youth he had always wanted to study medicine. He arranged to return to his native town and entered the shoe shop, having learned the trade previously. Afternoons he drove about visiting patients with Dr. Hoyt, and evenings he studied. He studied with Natick physician

about three years, and when Dr. Hoyt became ill he substituted for him. He resigned his position in the Walcott factory, where he had learned to cut upper leather from Edward Walcott. Before he left, however, he changed the manner of paying upper leather cutters from by the month to piece work.

In 1863 there was a call from President Lincoln for physicians who would volunteer their services to the thousands of wounded and sick soldiers. Dr. Coolidge answered the call and administered to the fallen heroes at Antietam, and later at the second battle of Bull Run. Dr. Bailey left South Framingham, where he walked to board a special train which contained 100 doctors who were going to the front. He was stationed at a temporary hospital near the White House.

After Gen. McClellan's reorganization of the army he again answered the call and stayed until the Union forces marched over the pontoon bridge at Harper's Ferry, when he returned to Natick.

He first attracted attention in Boston for the treatment of abscesses and filling roots of teeth. At that time it was an unknown practice to fill the roots of teeth, and in treating abscesses he combined his medical knowledge with that of dentistry and was very successful.

In speaking of his first attempt to fill the roots of teeth he said that he happened on it accidentally. Mrs. Leonard Winch, a native of Natick, was suffering with an abscess and asked the young physician-dentist to pull a right superior eye tooth which had troubled her for some time. He declined to pull it but stopped the pain and began treating the tooth after cleaning out the canal. He accidentally struck into the canal and continued working until he had reached the very bottom of the root. He then filled it in with cotton soaked in creosote, pressing it down hard as to keep out all gases. He endeavored to remove the cotton, but he found it impossible. He filled the crown of the tooth with cement and it was in good condition for several years after when the Natick woman called at his Boston office to have the same tooth filled with gold. He again tried to remove the cotton he had used in the first operation, but found it as hard as the tooth and it could not be taken out. He placed the gold over it and no trouble was experienced by his patient thereafter.

After learning of what was considered a marvellous achievement, Boston dentists inquired his method, and later asked that he give talks weekly on other methods which he employed, and from that time until he resigned his chair at the Boston Dental College he was lecturing on dentistry. The Boston Dental Society was organized as a result of these meetings.

After coming to Boston, Dr. Coolidge attended the New York medical school and was graduated.

Dr. Coolidge also has the distinction of being the first dentist to use nitrous oxide gas as an anesthetic, and he gave an exhibition of administration before a number of dentists at his office in Winter street in 1864.

Dr. J. J. Weatherby in the sixties was one of the best known dentists in Boston, and he proposed that if Dr. Coolidge would advance the money for starting a dental college he would furnish the time and brains. It was agreed, and in 1867 the Legislature granted the Boston Dental College a charter.

Dr. Coolidge was married twice, his second wife residing in Dorchester. He has a remarkably retentive memory and can recall incidents that happened when he was five years old.

CROWN AND BRIDGE WORK

By Dr. M. M. Rafkin

Read before The Harlem Dental Society, New York *

In my attempt to bring before your notice a very essential phase of the prosthetic branch of the dental practice. I shall touch only upon its most salient points that I may briefly and concisely present an inexhaustible subject without taxing the patience of my esteemed audience.

The subject in reference is crown and bridge work—the principles and requirements of which are unfortunately very little understood by many practitioners, and treated with a great deal of laxity by a number of others who have sufficient grasp of its importance to realize the consequence.

Judging from the too oft failure of the utility and appearance of crowns and bridges met with in daily practice, it must be admitted that they not only fall short of their intent, but in most cases their existence is wrought with suffering and infinite danger—whereas the system of crown and bridge work—from the standpoint of esthetics and utility—is assuredly capable of producing highly successful results, if proper precaution is taken in preparation, followed by careful execution of the mechanical work.

Cleanliness being the all important factor in the preservation of the teeth, artificial mechanisms should aid in this course, rather than, as is so often the case, hinder its purpose. The fact that a mechanism may possess all the desired features from the standpoint of utility and aesthetics, does not follow that the ultimate end has been reached. It is a failure, nevertheless, if its presence in the mouth causes any degree of irritation to the surrounding tissues, and hence should be expelled forthwith.

Give the tooth its aesthetic appearance and co-relation to its natural neighbors. This is accomplished with the aid of either of the following mediums: inlay wax, gutta percha, or cement. An impression of the

* The dental outlook is giving the New York dentists splendid service and the above is an extract of one of their papers.—Editor.

tooth in plaster is then taken and the same is turned into the laboratory to be poured off and separated. With small stones, chisels, and sand paper discs, the tooth in the mouth is now ground to parallel walls, removing the entire cusp and slightly grooving the morsal surface mesially and distally, or buccally and lingually, or both—as the instance may require. This much completed, we are ready to take measurement of the tooth in question, using the ordinary binding wire and dentimeter. A gold or platinum band of 32 to 33 gauge is then fitted on the tooth in the same manner as would be used in making a two piece crown. The band is then smoothly burnished into the grooves of the morsal surface, removed, and grooves reinforced with 22 karat gold solder, band replaced on tooth, and impression and bite is taken, poured and articulated.

We now return to the first impression which has already been poured and separated, herewith the objective tooth is cut out of the plaster, trimmed to about 1-32 of an inch, gingivally and at that margin cut off straight from the base of the plaster. The rear center of the plaster tooth so obtained is then drilled with a small bur to permit insertion of small pin, after which it is placed in crown flask of "sharp system" for the making of metal mould. The fusible metal is then poured into the flask over the plaster tooth. The metal is allowed to cool and the mould separated the plaster tooth is withdrawn, the parts of the sharp system are put together, gold shell inserted into the mould, and with the aid of vulcanite rubber, and wooden stick the shell is swedged into a crown.

We herewith return to our second impression, (containing the band) which has meanwhile been separated, and we proceed to fit the crown on the tooth in question with the band on to proper articulation and contour, trimming the crown sufficiently to allow it to extend to the gum margin only, whereas, the crown is united by wax at this margin to the band which extends slightly below the gum margin, and the two (crown and band) thus united, are cut out from the plaster model, invested and soldered. It is then finished and polished in the ordinary manner and is now ready for cementing on tooth in mouth.

This crown if desired can be applied to removable bridge work by the mere addition of a top being soldered to the band.

The advantage of the crown described over ordinary crowns, is its more perfect fit, stability, articulative value, and its perfect contact to the adjacent teeth which makes it more thoroughly prophylactic. It is a perfect reproduction of the original tooth in size and appearance before decay, it is stronger, and has more lasting qualities than any crown I know of made, and is stronger than the ordinary shell crown for the reason that it possesses two thicknesses of metal gingivally, and whereas most crowns crack, or tear when forced into place upon teeth, it will not occur with this crown; and furthermore the portion of crown, which reaches below the gingiva,

can be finished into fine knife edge, smoothed, and burnished at the same time and there can be no curling up of the edges when forcing it into position. Another advantage it possesses over the cast crown, is the freedom with which it can be cemented. In the case where too much cement has been inserted, the same will flow between the band and the crown.

This crown in the event of trouble with the tooth, can be as easily removed or perforated as any of the ordinary shell crowns which you cannot do with the cast crown.

The procedures in the construction of the crown described, may appear somewhat lengthy, whereas, in reality, very little more time is required than in the making of any of the ordinary crowns, and when taking all the advantages into consideration it is well worth it. Try it and you will appreciate the results obtained.

Having concluded with crowns for motors and bicuspids, I will continue the subject as it relates to anterior teeth.

The fact being that the gold crown should not be used in anterior parts of the mouth, I know of no better porcelain crown to take its place than the "Richmond" for its strength, durability, and appearance.

But in order to obtain best results with the "Richmond crown" I cannot sufficiently warn you about the care to be taken in its construction and to begin with I will touch upon the requirements in filling of the root canal and the preparation of same for the reception of the crown.

A root canal for any pivot crown should be prepared in the following manner:

Fill apex with oxapara or chlora percha or a small portion of gutta percha point, followed by insertion of a small pellet of oxy-phosphate of zinc, the latter serving two purposes: first, it forces the gutta percha point to apex, at the same time prevents it from sliding back. Secondly: it protects the gutta percha point from being distorted when reaming canal for platinum iridium post. This operation completed we proceed to trim the root down to within 1-16 of an inch of the gum line, using small stones, separating discs, sand paper discs, and chisels, for the purpose of removing the entire enamel, thus making parallel walls. Now to fit the band; the measurement is taken with wire and a gold or platinum band, preferably platinum, is cut to measurement and fitted upon the root. The band is then removed and the root is again trimmed one third labially, and slightly below the gum margin. This is followed by a platinum-iridium post (size and thickness to correspond to size of tooth) being fitted into the root canal, taking precaution that post should not press upon the walls of the root apically. The band is then trimmed to the outlines of the root bearing in mind that it shall not extend more than 1-32 of an inch, beneath the gingiva labially and within but 1-16 of an inch above the gum margin lingually. A top is then soldered to the band, using a high carat solder, and if band is of platinum,

pure gold should be used as the soldering medium. The cope thus obtained is now fitted upon the root and with sharp instrument perforated at center to allow forcing into position of a dowel, which should be carefully marked with an instrument sufficiently sharp—at, and round the points of positional contact with cope for soldering—both are then removed and united accordingly.

The combined dowel and cope are then replaced in and on root, impression and bite taken, poured and articulated—not omitting, previous thereto, to match the shade of artificial tooth, which is very important, using any make of your choice from the various production of teeth on the market.

When utilizing the ordinary pin tooth it should be ground first, to its correct length in position, and then to a small shoulder incisely to admit the making of a small invisible gold tip. The same is now backed with pure gold or platinum using judgment in the choice of metals in accordance with shade of tooth.

Do not bend pins, for in bending the pins it strains the porcelain expanding when soldering it is very often checked in the place where most strength is required, weakening the pins and resulting in so often detaching of porcelain teeth from bridges. Instead of bending therefore, the pins should be barbed with a small pen knife, close to the backing. This will cause it could be held more firmly in place, and prevent sliding. The tooth thus backed cut off half the pins, place tooth into swedger with mouldine and swedge to perfect contact with tooth; by so doing, all danger of borax entering between possible crevices to the porcelain is totally eliminated. The tooth is then waxed into position and invested—the wax is washed out with boiling water—pure gold is placed in spaces between tooth and cope on either side to obtain outlines of natural contour, and the same is soldered, using but little borax to insure smoothness of solder.

In preparing the dowel, it should never be serrated, as is the common practice, for it invariably weakens the dowel and too often causes it to break at points of serration. Instead, however, it should be barbed with a sharp knife on the principle of a cleansing broach before cementing, thereby insuring intactness without deflection.

According to some men, there are only two classes of bridgework: the removable kind and the kind that should be removed.

—J. O. Lifshitz.

In extraction as in any other enterprise—if you don't succeed, try again.

—Editor Leo Harris, D. D. S.

STRANGLING OR STARVING THE GERMS

By H. R. Snyder, M. D.

An eminent physician recently stated that he could cover the entire surface of the earth five feet deep with diphtheria or typhoid germs in less than a year's time if he could find enough food for them in cultural media.

Germs propagate in geometrical ratio and the most common disease germs double in number about every fifteen minutes. Their increase is checked only by strangulation in disinfectant media or by removing the matter on which they feed.

The specific germ or mold that causes the common boil is a good example of this propagation. It can be said roughly that ten million bacteria are required to start a boil. These ten million, packed closely together, could be held on the point of an ordinary sewing needle. If they are able to work through a microscopic break in the skin, as for instance at the root of a hair, and the disease-resisting elements of the blood are too weak to strangle them, the boil starts.

In fifteen minutes the ten million germs become twenty million, in fifteen minutes more the twenty million become forty million, then eighty million, and so on till the course of a week the figures necessary to express the number propagated would require several miles of paper. And yet not even this theoretical number packed together would occupy a space greater than the size of a plum.

In making a culture of the blood of a diphtheria patient, the growth of the numbers and volume of the germ colony in a test tube will increase indefinitely as long as the conditions of moisture, air and food are right. The instant these are changed the growth ceases.

The germs of human disease thrive best at body temperature in partially sealed test tubes containing sickly human blood or extractions from animal blood and tissue. Exposure to intense heat, fresh air, sunlight or immersion in any one of a score of mineral solutions checks the growth and kills the disease germs most common in human beings.

A whole, clean skin exposed to the sunlight whenever possible is a first essential to avoiding disease. A second step is keeping the system up to its maximum tone in disease resistance by proper diet and exercise. A third is the faithful disinfecting of all wounds and cuts, preferably by cleansing with peroxide and painting with iodine.

If these directions are followed, disease germs will find only starvation grounds and will not thrive. If they succeed in entering the system through the mouth or broken skin they will be promptly strangled and thrown out by the disease-resisting corpuscles of the blood.

GEN. PHILIP SHERIDAN NEEDS NEW TEETH**By Dr. L. P. Haskell**

Gen. Philip Sheridan, in 1885, then stationed in Chicago, called on me in regard to the need of a partial lower denture.

The conditions were that he had in the lower jaw, the anterior teeth and a second molar tipped over pronouncedly because of contact with an upper molar. His upper teeth were fairly good, except the incisors were worn badly from eating hard tack, hard beef. He said this had been the condition for twelve years and he had tried in vain at several dentists to make him something he could masticate with. He had worn rubber plates and came with a gold plate; the latter had just been made but which I found did not fit at all and was impossible to wear.

I made a good gold plate clasped to the cuspids. Two weeks after he received the case he wrote me a letter complimenting my work and thanking me for my service which was satisfactory.

Several years later, he being now stationed in Washington, I called upon him. Upon seeing me, he at once exclaimed, "By George, doctor, I am glad to see you. See here." Opening his mouth he said he had bent the gold plate and had gone to a dentist highly recommended. The dentist looked at the plate and said. "I can do nothing with that gold plate, I must make a new one for you." The general consented, and the new case was put in, but Sheridan could not wear it. I asked, "what of the gold plate I made for you, where is it?". He answered that the dentist kept it. I told him to go to that office and get the case and I would meet him at Dr. * * *, a reputable dentist. He did as was asked and when we met, I examined my case and said that it was sprung. I quickly corrected the distortion and it slipped nicely into place. As he had not paid for the other dentist's work, he turned the case. That dentist, instead of trying to remedy so simple a thing as a sprung plate, was eager to grab the opportunity of a good fee from a United States general. but had his labors for his pains.

A few years later while absent from home for two weeks, he sent his denture broken in halves, and at the place where the plate was doubled. I could not account for it other than that he had repeatedly bent it and hence broke the case. I repaired it and wrote these words to him: "General, if you had but one pair of breeches and they became badly worn and demoralized and your tailor was a thousand miles away, what would you do?" Gen. Sheridan replied immediately saying: "I take the hint, when I am in Chicago again, I will have you make another set."

Several months later he called and I made him a new case and had an appointment to adjust it to the mouth. Message came to me that he was taken suddenly ill and taken to the train. He died soon after of dropsy of the heart.



GEN. PHILIP SHERIDAN

EXTRACTING MONEY INSTEAD OF TEETH

By New York Herald

(Continued from February issue, page 616)

When a man enters an office in that state of mind he is an easy victim for an unscrupulous operator. He listens with credulity to whatever the dentist sees fit to suggest and may easily be led into unnecessary expense.

Professional honor is about the only restraint on the dentist. He has little fear that the law will overtake him, because there is always a speciousness in his dealings, and it is never easy to prove that he has not acted in entire good faith no matter to what extent he has imposed upon his patient. The large expense some people are willing to undergo for the restoration of their ivories makes his charges, extortionate though they may be, look small by comparison.

The moral, therefore, is to patronize dentists of established reputation. But if that advice were always followed the young men who are entering the profession every year would find small opportunity for the exercise of their accomplishments.

"What protection is there?" asked The Herald man of a well-known practitioner.

"The best, in fact the only real protection," he said, "is to begin the care of the teeth early. See the dentist every six months. Know what condition the teeth are in. Decay and incidental trouble may be avoided. Precaution is better than correction, and the person who has his teeth properly looked after from an early age will have little serious trouble with them, and will always know too much about the teeth and their treatment to be deceived by any of these sharks, even though he may have to go to a strange dentist."

"Not every dentist who displays a quart or two of teeth and specimens of plates and bridge work before his door is to be distrusted; not every one who has sample sets of teeth opening and closing to attract attention, nor the man who advertises low prices and special qualities of work. Some of these men are good operators and conscientious workmen, though few good dentists advertise. But so many men are living on the chance customer, on the transient business that comes to them from day to day, that they are continually tempted to 'skimp' their work, to use cheap material and to lead the patient on, by dishonest means, to unnecessary expenditures, that it is a wise precaution for anyone to make careful inquiries before submitting himself to the mercies of any dentist."

The man who has a case to take into court has time to look the ground over and to make selection of his lawyer. And if suffering from illness, he is seldom attacked so suddenly that he may not have the doctor of his choice, but if he has neglected his teeth until decay and ulceration or any one of the numerous ills that affect them sets in, he is likely to seek the



Horace Wells

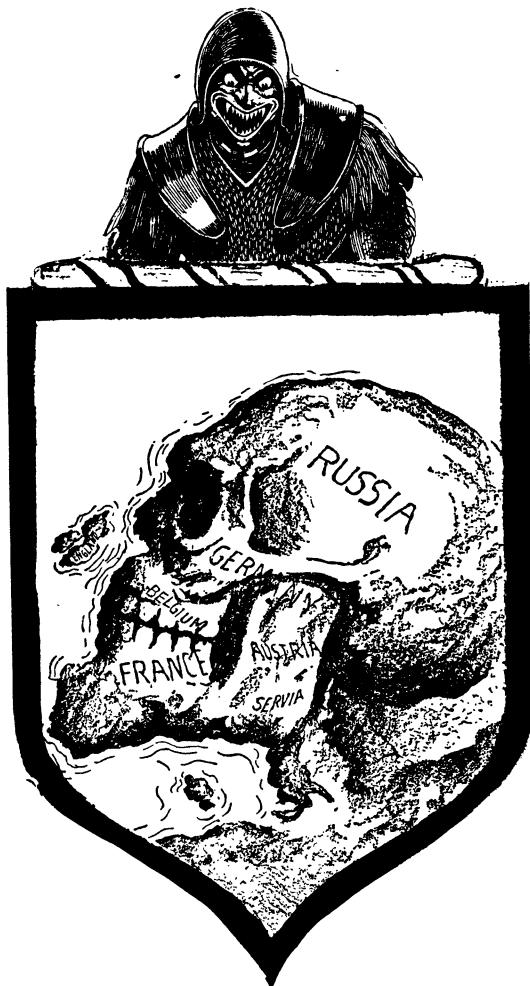
The French Surgeons offer a Horace Wells Medal
to any person improving anaesthesia.



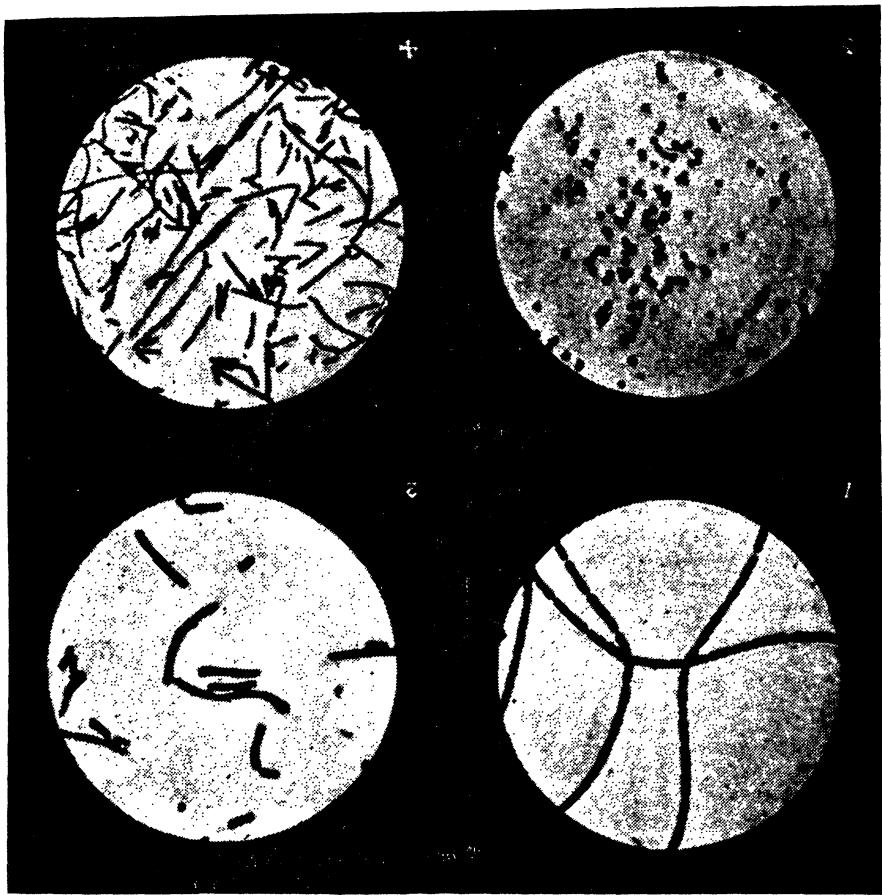
Toothless, but not loveless



A CINEMATOGRAPH DISPLAY OF THE PRODUCTION OF SLEEPING SICKNESS IN A RAT.



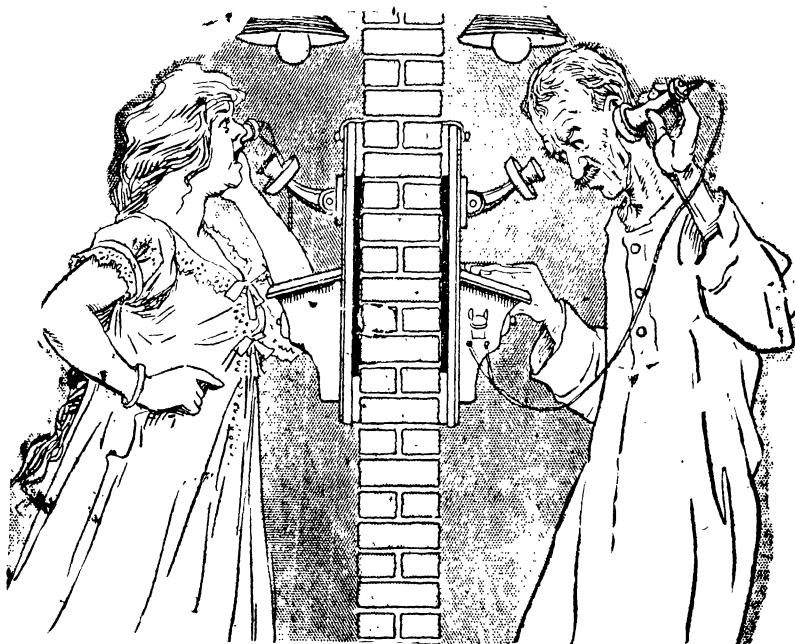
Your editor suggests a shield and crest.
Note the "Line of antagonism."



Bacteria common in saliva



SCIENCES & ARTS



Suffering Patient—"One of those bridges you put on last fall is driving me crazy."

Awakened Dentist—"The one you paid for or the other one?"

Patient—"Pain has stopped!"



German Army Dentists on Western Front.

(Photo C—Press Illust. Co.)



nearest dentist, and this hasty and unconsidered employment is the opportunity of the crook and the sharper.

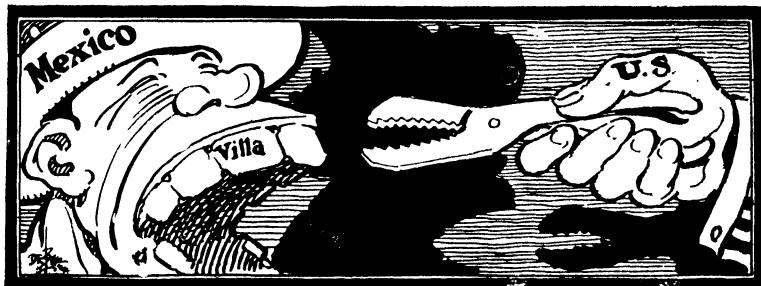
Teeth are troublesome things, anyway. Elephants in captivity often suffer from toothache, and some naturalists believe that this may be the cause of wild elephants becoming crazy, or musth. An elephant with toothache presents as pitiable a spectacle as a giraffe with a sore throat.

The dental profession was much slower than the medical in receiving recognition. Yet it is an ancient profession, for false teeth are twice mentioned in Martial's Epigrams.

Today the dentist must have as careful an education as the physician, and the appliances of his craft have been perfected to a wonderful degree, while methods of treating teeth and their diseases are as well understood and defined as the method of treating appendicitis or cholera morbus.

Teeth are troublesome things. Cutting the first teeth is a critical time for the baby. That period passed, there is no more trouble till the first begin to loosen. Then the boy begins to wiggle the loose bit of ivory with his tongue. He shrinks from going to a dentist. He hears stories about tying a flatiron to a string and fastening it to the tooth as a means of extracting it. He shivers for days in anticipation of the suffering he must endure. Then sometimes he pushes a little too hard with his tongue and the tooth drops out. Or it disappears in the night and he fears he has swallowed it.

Careful parents and public school teachers and the directors of public institutions compel the care of the teeth, in early life, and if the advice and care given in childhood are followed, there need be no danger of falling into the clutches of the fake dentist when the period is reached when they must have further professional treatment.



—Chicago Evening Post Picture Editorial.

UNCLE SAM WILL HELP!—WILL YOU?**By Frederik M. Kerby**

That the federal government is going more extensively than heretofore into the business of baby saving is evident as a result of the meetings of the American Association for the Study and Prevention of Infant Mortality which has recently held its fifth annual convention in Boston.

The organization is in future to have the close co-operation of the federal children's bureau, of which Miss Julia C. Lathrop is chief. One direction in which this co-operation is to be extended is on the subject of prenatal care of prospective mothers. The children's bureau has already issued an excellent pamphlet on "prenatal care," which is distributed free on request, and which ought to be in the hands of very prospective mother in the United States.

Mrs. Max West, of the Children's bureau, author of this bulletin, made a report to the association on the growth of prenatal care throughout the United States. Her paper showed that where prenatal care has been attempted, the result is at once evident in a lowered infant death rate.

Dr. Emmons of Boston described various clinics and other means of assistance which were made available to mothers in Boston, and the sentiment of the association was decidedly in favor of raising the standard among practitioners of medicine and in bestowing appropriate care upon women who need it most.

Another federal bureau which is to co-operate with the association is the bureau of chemistry of the department of agriculture. Dr. Carl L. Alsberg, chief of the bureau, was elected to the directorate of the association, and it is believed that much can be done by this bureau in the matter of pure food, and prosecutions of manufacturers of "doped" soothing syrups and other harmful infant "remedies" to help the "save the babies" movement.

The association has a special traveling exhibit which has already been engaged by several states, and which can be secured at a nominal cost based on the expense of transportation by any community which desires it.

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THE HIT AND MISS

BEFORE AND NOW

By L. Levitt, D. D. S.

How happy I've been for a brief little while
When you were in lov' with another
How grateful I felt for a look, for a smile,
Though you've treated me then like a brother.

But now you are mine and your smile seems so queer,
Your look full of love makes me shudder.
Oh, yes, I was certainly happier, dear,
When you were in love with another!

THAT RUBBER DAM

Dr. J. F. Lief, New York

Badly broken down teeth. In this condition the application of the rubber dam is rather a difficult proposition but there is a remedy. To give this remedy in as explicit manner as possible it will be best to quote a paragraph from "Around the Table" in the March issue of the **Items of Interest**. It is as follows:

"The extreme necessities of the case suggested the remedy. A German silver band was fitted around the root with an extension distally which passed sufficiently below the gum margin to engage the margin of the root cavity. With cement rather stiff to hasten setting this band was cemented to place, and held firmly in position till the cement had set. Enough cement was removed from within the band to permit access to the root canals, and with a dressing in place, covered with gutta-percha, the patient was dismissed. At the next sitting the cement had sufficiently hardened to permit the utilization of a clamp and the rubber dam. The three root canals were fully explored, the abscesses finally cured, and the canals filled, all of which was demonstrated by radiographs."

The text of the above quotation refers to a badly broken down cavity on the distal surface of a lower third molar, but the method described holds equally good for a cavity under the gum margin on any surface.

BY THE THINKER

We dentists who toil with hands and work with brain can enjoy this poem. Just imagine the word steam changed to electricity, and change the words iron and steel to gold platinum and porcelain and it fits us.—Editor.

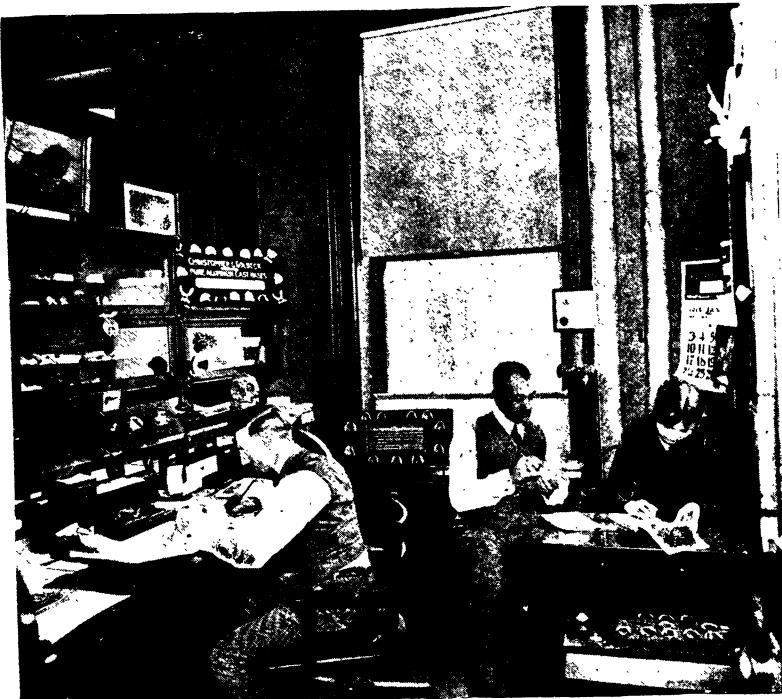
Back of the beating hammer
By which the steel is roughed,
Back of the workshop's clamor
The seeker may find the thought
The thought that is ever master
Of iron, steam and steel,
That rises above disaster
And tramples it under heel!

The drudge may fret and tinker
Or labor with dusty blows,
But back of him stands the thinker,
The clear-eyed man who knows;
For into each plow or saber
Each piece and part and whole,
Must go to the brains of labor
Which gives the work a soul!

Back of the motor's humming,
Back of the belts that sing,
Back of the hammer's drumming,
Back of the cranes that swing,
There is the eye which scans them
Watching through stress and strain,
There is the mind which plans them—
Back of the brawn, the brain!

Might of the roaring boiler,
Force of the engine's thrust,
Strength of the sweating toiler,
Greatly in these we trust,
But back of them stands the schemer
The thinker who drives things through;
Back of the job—the dreamer
Who's making the dream come true—

—Berton Braley.



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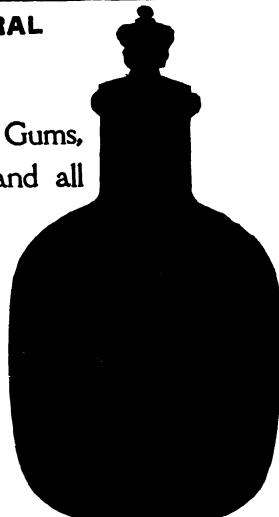
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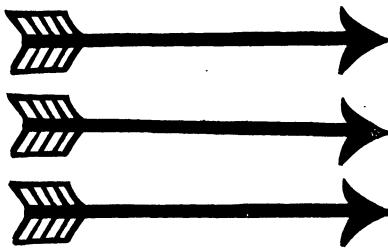
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HAVE ANY DIFFICULT
CASES**

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FULL DIRECTIONS
AND
ESTIMATES GIVEN
UPON RECEIPT OF MODELS
OR DESCRIPTIONS



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